

EXHIBIT B



DEFENDANT ASSET RECOVERY TEAM
PHILADELPHIA SHERIFF'S OFFICE
 (215) 686-3532 Office
 (215) 686-3537 Office
 FAX (215) 686-3504

WHEN COMPLETED MAIL TO:
PHILADELPHIA SHERIFF'S OFFICE
 D.A.R.T.
 100 SOUTH BROAD ST., 5TH FLOOR,
 PHILADELPHIA, PA 19110
 Jewell Williams, Sheriff

CONTACT INFORMATION

1. NAME (REQUESTER / CLAIMANT)		2. ADDRESS (CURRENT)		CITY	STATE	ZIP CODE
3. HOME TELEPHONE	4. CELL PHONE	5. WORK PHONE		6. BEST TIME TO CALL <input type="checkbox"/> MORNING <input type="checkbox"/> AFTERNOON		
7. HAVE YOU EVER MADE A CLAIM FOR DISBURSEMENT WITH THE PHILADELPHIA SHERIFF'S OFFICE? <input type="checkbox"/> YES IF YES, WHAT YEAR? _____ AMOUNT CLAIMED? _____ <input type="checkbox"/> NO		8. DID YOU RESIDE AT THIS PROPERTY? <input type="checkbox"/> YES IF YES, WHAT YEAR DID YOU RESIDE AND HOW LONG? _____ <input type="checkbox"/> NO				

PROPERTY INFORMATION

9. NAME OF DEFENDANT (NO NICKNAMES OR AKA'S)		10. PROPERTY ADDRESS (JUDICIAL SOLD PROPERTY)		CITY	STATE	ZIP CODE
11. BOOK / WRIT NUMBER _____	12. RELATIONSHIP (PLEASE CHECK ONE): <input type="checkbox"/> SELF <input type="checkbox"/> RELATIVE _____ <input type="checkbox"/> OTHER _____		13. SOCIAL SECURITY # OF THE DEFENDANT: _____			

PLEASE PROVIDE COPIES OF DOCUMENTS CHECKED IN THE BOXES BELOW

14. PHOTO IDENTIFICATION (MANDATORY) <input type="checkbox"/> DRIVER'S LICENSE (STATE) _____ <input type="checkbox"/> GOVERNMENT IDENTIFICATION _____		15. HAVE AN ESTATE BEEN ESTABLISHED? <input type="checkbox"/> YES (IN THE COUNTY OF _____) <input type="checkbox"/> NO	
16. PLEASE CHECK THE FOLLOWING APPLICABLE ITEMS SUBMITTED WITH FORM: <input type="checkbox"/> DEED <input type="checkbox"/> MORTGAGE SATISFACTION PIECE <input type="checkbox"/> COURT JUDGMENT <input type="checkbox"/> COURT NOTICE <input type="checkbox"/> DEATH CERTIFICATE <input type="checkbox"/> BIRTH CERTIFICATE <input type="checkbox"/> MARRIAGE CERTIFICATE <input type="checkbox"/> DIVORCE DECREE <input type="checkbox"/> OTHER _____		SHERIFF OFFICE USE ONLY: FILE NUMBER: _____ DATE RECEIVED: _____ PREVIOUS FILE: _____ PREPARED BY: _____	

UNSWORN FALSIFICATION TO AUTHORITIES (18 PA C.S. § 4904)

I VERIFY THAT THE STATEMENTS OF FACTS MADE BY ME ARE TRUE AND CORRECT AND THAT THEY ARE MADE SUBJECT TO THE PENALTIES OF TITLE 18 PA C.S. § 4904 RELATING TO UNSWORN FALSIFICATION TO AUTHORITIES. I FURTHER VERIFY THAT I HAVE NOT OMITTED OR FALSIFIED ANY FACTS OR MATTERS ON THIS FORM

PLEASE READ BEFORE SIGNING

	PRINT NAME (CLAIMANT)	SIGNATURE (CLAIMANT)	DATE & TIME:
	RECEIVED BY SHERIFF'S OFFICE EMPLOYEE (SIGNATURE)		DATE & TIME: